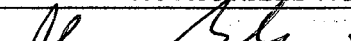


OCT - 3 2008

MONITORING PERIOD								
START			END					
9	1	08	9	30	08			
MO	DAY	YR	MO	DAY	YR			

EFFLUE
DAY TH

[illegible][illegible]

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
	Mr. John Belnowski	
	Super, Envir. Health & Safety	973-614-8300
		DATE 10/2/08

NYSC FORM MP-3 REV 2/6/03

